Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **._

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ASA19 INVESTMENTS LLC**

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Estimated Charge	\$30.00

Electronic Filing Menu Corporate Filing Menu

APR 3 U 2020

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	tments LL	, C	
(Name of the Limited Liability (A Florida	ty Company as it now an Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability C Florida document number <u>L19060187519</u>	Company were filed or	July 22, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability compan	y here:	
Four Aces Nineteen L	LC		
The new name must be distinguishable and contain the words "Lim	iited Liability Company,"	the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
			2220 ALT
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			- 11 3 - -
	<u></u>		
B. If amending the registered agent and/or registered	d office address on o	ur records, enter the r	name of the new registered
agent and/or the new registered office address here:			6F 8
Name of New Registered Agent:			
New Registered Office Address:	F	- Marida assaultane	
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registere	·		•
		this canacity I further	r agree to comply with the
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performant igent as provided foi ed office address, L	ce oj my auties, ana 1- r in Chapter 605, F.S.	Or, if this document is
	If Changing Register	red Agent, <u>Signature of Ne</u>	w Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Ana F. Sanchez Harrers	815 Falling Water Rd.	
		Waston, FL 33326	idRemove
			Change
MCR	Anibal A. Sanchez Geck	: 815 Falling Water Rd.	@Add
	·	Weston, FL 33326	
			□Change
<u></u>			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			C) Add
			□ Remove

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. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
_	
	
Note: If	e date, if other than the date of filing: April 27, 2020 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the of seffective date on the Department of State's records.
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 10th day after the record is filed.
Dated _	April 27 , 2020
	Signature of a member or authorized representative of a member
	Anibal A. Sanchez Die da

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Filing Fee: \$25.00